PTO/SB/05 REV 1 (12/97)

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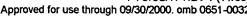
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UTILITY
PATENT APPLICATION
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(Only for new nonprovisional applications under 37 CFR 1.53(b))

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Attorney D	ocket No.		0095-200	288		
First Inven	tor or Applicati	on Identifier.	Michael L. Clark	9/2		
Title	Toggle Over-Center Mechanism for Shifting Reversing Mechanism.					
Express Mail Label No.		EL584488972US				

APPLIC	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231					
1. Fee Transmittal Form (Submit an original, and a du 2. Specification [Total Page (preferred arrangement set for a Descriptive title of the Invenience o	6 Microfiche Computer Program (Appendix) 7 Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a Computer Readable Copy b Paper Copy (identical to computer copy) c Statement Verifying identity					
- Brief Description of the D	Orawings (if filed)		ACCOMPANYING APPLICATION PARTS			
- Detailed Description - Claim(s) - Abstract of the Disclosur - Abstract of the Disclosur - Drawing(s) (35 USC) Oath or Declaration [- X Newly executed b. Copy from a price (for continuation/division [Note Box 5 I] - DELETION Signed 37 CF Incorporation by Refer The entire disclosure of the oath or declaration as being part of the discended in the reby incorpore	8 Assignment Papers (cover sheet & document(s)) 9 37 CFR 3.73(b) Statement					
Continuation Prior application information: E	Divisional Conti		of prior application No. Group/Art Unit	:/		
,,,		CORRESPONDEN				
Customer Number or Bar Code Label						
ATTN: Michael H. Jester						
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Signature	mes	. ()A	•	/ Date	7/3/01 /	



PTO/SB/17 REV 1 (11/00)
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FEE TO A NOMITTAL	Application Number	To Be Assigned		
FEE TRANSMITTAL Patent fees are subject to annual revision on October 1.				
These are the fees effective October 1, 1997. Small Entity payments must be supported by a small entity statement,	Filing Date	Herewith		
otherwise large entity fees must be paid. See Forms PTO/SB/09-12 See 37 C.F.R. §§ 1.27 and 1.28	First Named Inventor	Michael L. Clark		
565 57 C.I. IV. 33 1.27 dila 1.25	Examiner Name	To Be Assigned		
	Group / Art Unit	To Be Assigned		
TOTAL AMOUNT OF PAYMENT \$710.00	Attorney Docket No.	0095-200		
METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)			
1 The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: Deposit Account Number: 50 0626 Deposit Account Name: Michael H. Jester	127 50 227 25 Surchard 139 130 Non-Eng 147 2,520 147 2,520 For filling 112 920° 112 920° Request 113 1,840° 113 1,840° Request 115 110 215 55 Extensic 116 390 216 195 Extensic 117 890 217 445 Extensic 128 1,890 228 945 Extensic 128 1,890 228 945 Extensic 129 310 219 155 Notice of 120 310 220 155 Filling at 131 1,510 Petition 140 110 240 55 Petition 141 1,240 241 620 Petition 142 1,240 242 620 Utility is 143 440 243 220 Design 144 600 244 300 Plant is 122 130 122 130 Petitions 123 50 123 50 Petitions 126 180 126 180 Submiss 146 710 246 355 Filling at 146 710 246 355 Filling at 147 710 246 355 Filling at 149 710 249 355 For each 147 249 355 For each 148 249 249 355 For eac	ge - late filing fee or oath ge - late provisional filing or cover sheet plish specification g a request for reexamination ling publication of SIR prior to Examiner action ling publication of SIR after Examiner action on for response within first month on for response within second month on for response within third month on for response within fourth month on for response within fifth month on for response within fifth month of Appeal brief in support of an appeal of or oral hearing to institute a public use proceeding to revive unavoidably abandoned application to revive unintentionally abandoned application sue fee (or reissue) ssue fee		
Claims below Fee Paid Total Claims 20 - 20** = _ x _ =		SUBTOTAL (3) (\$)		
SUBMITTED BY		COMPLETE (if applicable)		
Typed or Printed Name Michael H. Jester		Reg. Number 28,022		
Signature M. M.	/ Date 7/3/0	Deposit Account 50 0626 User ID		

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